

GUEST EDITORIAL

EXAMINATION, TREATMENT AND REHABILITATION OF MULTIPLE LIGAMENT KNEE INJURIES

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Examination, treatment, and rehabilitation of the patient with multiple ligament knee injury (MLKI) are the “worst nightmares” of the sports physical therapist. Sir Astly Coopers’ statement by today’s standards is almost shocking - “there is no more severe injury that requires immediate amputation.” Because of the complexity of the injury, treatment has ranged from external fixators, prolonged immobilization, prolonged rehabilitation, to that of the recent evolving concept of a more functionally oriented rehabilitation. The focus of this issue was based on educational sessions presented at the APTA Combined Sections meeting in Nashville, TN in 2008, with many of the original presenters publishing their work. Additionally, other invited clinicians with experience in dealing with patients with MLKI have been asked to contribute to this issue. We would like to express our gratitude to the authors who have given time and expertise to contribute to this special issue. The content of this issue will present the most recent information on examination, treatment, and rehabilitation of these confusing and complex injuries.

- Drs. Charles Scott and Kurt Spindler have described clinical decision making with surgical treatment of patients with MLKI.
- Drs. Robert Manske and Daniel Prohaska have described the acute physical evaluation and diagnostic imaging of complex multiple ligament injuries.

- Bob Mangine and colleagues have discussed post surgical rehabilitation of patients with double ligament MLKI that includes both the medial collateral and anterior cruciate ligament.
- Drs. Romeyn, Davies, and Jennings have discussed salient points of surgical considerations and their direct applications to scientific and clinical rationale to rehabilitation programs for patients who have had a MLKI involving at least three ligaments.
- Mark Paterno and Dr. Tim Hewitt have described gait deviations related to the MLKI.
- Drs. Manske, Pooh, and Giangarra have finished this special issue by discussing common complications associated with patients with MLKI when treated both acutely and post surgically.

Although patients with MLKI are not seen as frequently as with their single ligament injury counterparts, a possibility exists that each of us may see several of these patients in our clinical lifetime. Therefore, it is our hope that this special issue of NAJSPT will enhance sports physical therapists’ understanding of the examination, evaluation, and treatment and rehabilitation of patients with these challenging and unique knee injuries.

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